

## Water Resources Program Application for a Water Right Permit

	CE WATER GROUND WA		
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	ttached instructions. Attach additional actions of the control of		
*A NON-REFUNDABLE MI Section 1. APPLICANT	NIMUM FEE OF \$50.00 MUS	I ACCOMPANY I	HIS APPLICATION.
Section 1. ATTLICANT			
Applicant/Business Name: Jua	n Vincente	Phone No: 360 410 94	Other No:
Address:	Enterprise		
City: Ferndale		State: WA	Zip: 98248
Email Address (optional):			2
Contact Name (if different from abo	ve):	Phone No:	Other No:
	Art Garza	360 312 6	214
Relationship to Applicant:	end		
Address: Same as	above		
City:		State:	Zip:
Email Address (optional):			
Legal Land Owner or Part Owner N	ame of the Proposed Place of Use:	Phone No:	Other No:
James Devri			1 1 1 1
Address: 2124 E Bo	adger		22
City: Everson		State: WA	Zip: 98247
Email Address (optional):			
Section 2. STATEMEN	T OF INTENT		
		1	1
Briefly describe the purpose of yo	ur proposed project: Wants	to withe	draw groundwater
10 Irrigate 40 1	teres of bluebe	iries,	
Antiningted longth - Stime to	aloto vigue amaigati i in known		
anticipated length of time to com			
Vater Use List all purposes for w	which water will be applied to a be	eneficial use and list	quantity required for each.
Purpose(s) of Use	Rate (check one box only)  Cubic Feet per Second (CFS)  Gallons per Minute (GPM)		Period of Use (Continuously or Seasonal)
Irrigation	200 GPM		Seasonal-Irrigation
J			9
TOTAL:	200 GPM	40 AFY	descenda da da

For Ecology Use	APPLICATION NO: 6	1-28678 Check No: 2208	SEPA Exempt Not Exempt  ECY Coding: 001-001-WR1-0285-000011
Date Returned	Ву	Priority Date 0/86	10 By D WRIA:

	a temporary	y permit?	YES 1	NO			
yes to either qu		_			will be neede	d:	
ROM:/_							
Section 3. P			ERSION (	OR WIT	HDRAWA	IL.	
(Complete A or	B, and C	below)					
A.) If Surface	Water So	urce		В.)	If Ground	Water Soi	urce
Spring C	reek Riv	er 🗆 Lak	te	N	Well(s)	Other:	
Other:				-	(5)		
Source Name:_					Il diameter &	depth: T	BD
						_	of withdrawal: 1
Tributary to:							II? YES NO
Number of prop	osed diversi	on nointe					ell Report and pump te
Do you have an				0	ll Tag ID No		report and pump to
C.) Point of D		Control of the last of the las			Chick to Artist the Later and		
Parcel No		1/4 //4 1/					County
100313470				HON	03E	W	nation
Lot(s)			ock(s)		Subdivision		
If known, enter	the distance	s in feet fi	rom the point	of diversion	or withdraw	al to the ne	arest section corner:
			dfee				
	V I INVA/I	NE I SE	1 ) C	DITTER OF VAC	HOD		
Parcel No			4 Section				County
		1/4 1/					County
Parcel No		1/4 1/2 Blo	Section Ock(s)	Township	Range		
Parcel No  Lot(s)  If known, enter	the distance	Blo Blo	Section ock(s)	Township	Range Subdivision n or withdraw	val to the near	County  arest section corner:
Parcel No  Lot(s)  If known, enter feet ( \[ \] \]	the distance	Blo Blo uth) and _	Section  ock(s)  feet (	Township  t of diversio  East/ W	Range Subdivision n or withdraw	val to the ne	
Parcel No  Lot(s)  If known, enter feet ( \[ \] \]	the distance	Blo Blo uth) and _	Section  ock(s)  feet (	Township  t of diversio  East/ W	Range Subdivision n or withdraw	val to the nea	
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Parcel No  Lot(s)  If known, enter  feet ( No  OTE: If more that  yo you own the 1  no, do you have  rovide the owner  Section 4. For that a copy of the contract, or the contract of the contract, or the contract or	the distance  North/ So  V SW and on whice legal author rname(s), a  PLACE Co  The legal deproperty deached  Section	Blooms in feet for the property to mand diversion and diversion and diversion and diverse are secription and diverse are diversed or title and diverse are diversed or title diverse are diversed or title diverse and diverse are diverse and diverse are diverse and diverse are diverse and diverse and diverse are diverse and diverse are diverse and diverse and diverse and diverse and diverse and diverse and diverse are diverse and diverse	rom the point feet (  Composed point of the proper insurance)  Range	Township  t of diversio  East/ W  mer of Section  attach addition  of diversion/  cation for unber: Jaw  perty (on where the section of the s	Range Subdivision  or withdraw est) on mal informatio withdrawal is se of another withdrawal is se of area of another withdrawal is se of another WA 9	n on a separate located? I s land? I	arest section corner:  ate sheet of paper.  YES NO  YES NO  ed) taken from a real ace below.  Parcel No.

Priority Date

WRIA:

Date Returned

If no, do you have legal authority to make this application for use of another's land? YES NO Provide owner name(s), address, and phone number:avnes Devries2124 E Badge Everson 90247-9326  Are there any other water right and/or claim numbers:	o you own all the lands on which the proposed place	of use is located? YES NO.
Act there any other water rights or claims associated with this property or water system? YES NO  f yes, provide the water right and/or claim numbers:  Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted proper is sure to include a complete copy of the plat map.  Section 5. WATER SYSTEM DESCRIPTION  Describe your proposed water system (include type and size of devices used to divert or withdraw water from ource): Applicant would like to drill groundwater well: Size (depth, width) to be determined.  Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION  (Complete A or B, and C below)  A.) Domestic Water Systems only  (defined under RCW 90.03.015)  Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? YES NO  If yes, date plan was approved Nater System:  Are you within the service area of an existing water system? YES NO		tion for use of another's land? YES NO Tames Devries - 2124 E Badger R
Section 5. WATER SYSTEM DESCRIPTION  Describe your proposed water system (include type and size of devices used to divert or withdraw water from pource): Applicant would like to drill groundwater Well: 513 (depth, width) to be determined.  Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION (Complete A or B, and C below)  A.) Domestic Water Systems only (defined under RCW 90.03.015)  Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?   YES NO  Name of water system:  Are you within the service area of an existing water system?   YES NO		with this property or water system?
Section 5. WATER SYSTEM DESCRIPTION  Describe your proposed water system (include type and size of devices used to divert or withdraw water from cource): Applicant would like to drill groundwater Well: 513 (depth, width) to be determined.  Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION (Complete A or B, and C below)  A.) Domestic Water Systems only  Projected number of connections to be served:  Type of connections: (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?   YES   NO  Name of water system:  Are you within the service area of an existing water system?   YES   NO		
Section 5. WATER SYSTEM DESCRIPTION  Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Applicant would like to drill groundwater well: Size (depth, width) to be determined.  Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION (Complete A or B, and C below)  A.) Domestic Water Systems only  B.) Municipal Water Systems only (defined under RCW 90.03.015)  Projected number of connections to be served:  Type of connections: (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?   YES   NO  If yes, date plan was approved   Water System Number: Name of water system:  Are you within the service area of an existing water system?   YES   NO	, os, pro 1.20	
Describe your proposed water system (include type and size of devices used to divert or withdraw water from ource): Applicant would like to drill groundwater well: Size (depth, width) to be determined.  Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION (Complete A or B, and C below)  A.) Domestic Water Systems only  B.) Municipal Water Systems only (defined under RCW 90.03.01.5)  Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?   YES NO  If yes, date plan was approved   Water System Number:  Name of water system:  Are you within the service area of an existing water system?   YES NO		
Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION (Complete A or B, and C below)  A.) Domestic Water Systems only  Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?  YES \  NO  If yes, date plan was approved \  /	ection 5. WATER SYSTEM DESCRIP	PTION
Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION (Complete A or B, and C below)  A.) Domestic Water Systems only  Projected number of connections to be served:  Type of connections: (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?  Tyes, date plan was approved  Water System Number:  Name of water system:  Are you within the service area of an existing water system?  YES \( \) NO	ource): Applicant would like to	d size of devices used to divert or withdraw water from by drill groundwater well: Size determined.
A.) Domestic Water Systems only  B.) Municipal Water Systems only  (defined under RCW 90.03.015)  Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?   YES NO  If yes, date plan was approved  Water System Number:  Name of water system:  Are you within the service area of an existing water system?  YES NO		
A.) Domestic Water Systems only  B.) Municipal Water Systems only  (defined under RCW 90.03.015)  Projected number of connections to be served:  Type of connections: (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?  YES NO  If yes, date plan was approved/ Water System Number:  Name of water system:  Are you within the service area of an existing water system?  YES NO		
A.) Domestic Water Systems only  B.) Municipal Water Systems only  (defined under RCW 90.03.015)  Projected number of connections to be served:  Type of connections: (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?  YES NO  If yes, date plan was approved/ Water System Number:  Name of water system:  Are you within the service area of an existing water system?  YES NO		
A.) Domestic Water Systems only  B.) Municipal Water Systems only  (defined under RCW 90.03.015)  Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?   YES NO  If yes, date plan was approved/ Water System Number:  Name of water system:  Are you within the service area of an existing water system?  YES NO		
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A.) Domestic Water Systems only  B.) Municipal Water Systems only  (defined under RCW 90.03.015)  Projected number of connections to be served:  Type of connections: (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?  YES NO  If yes, date plan was approved/ Water System Number:  Name of water system:  Are you within the service area of an existing water system?  YES NO	G AL C DOMESTIC WATER CURE	N. W. CYCETTA PIEODALATION
A.) Domestic Water Systems only    B.) Municipal Water Systems only (defined under RCW 90.03.015)   Projected number of connections to be served:   Present population to be served water:		LY SYSTEM INFORMATION N/A
C.) Water System Planning   C.) Water System Plan approved by the Washington State Department of Health, Drinking Water Division?   YES   NO   No   YES   YES	(Complete A or B, and C below)	
Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?   YES   NO  If yes, date plan was approved   Water System Number:  Name of water system:  Are you within the service area of an existing water system?   YES   NO	A.) Domestic Water Systems only	
(e.g., home, recreational cabin)	Projected number of connections to be served:	Present population to be served water:
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?   YES NO  If yes, date plan was approved/ Water System Number:  Name of water system:  Are you within the service area of an existing water system?  YES NO		
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?   YES NO  If yes, date plan was approved/ Water System Number:  Name of water system:  Are you within the service area of an existing water system?  YES NO	C.) Water System Planning	
Division?  YES NO  If yes, date plan was approved/ Water System Number:  Name of water system:  Are you within the service area of an existing water system? YES NO	or, where system I mining	
If yes, date plan was approved/ Water System Number:		Vashington State Department of Health, Drinking Water
Name of water system:		
Are you within the service area of an existing water system?   YES   NO	if yes, date plan was approved//V	Water System Number:
	Name of water system:	
	Are you within the comics area of an axisting	overtam? \( \text{VES} \( \text{NO} \)
If yes, explain why you are unable to connect to the system:		
	I yes, explain why you are unable to connect to the s	system:
		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

## Irrigation

Total number of acres requested to be irrigated under this application = 39.10 ACRES NOTE: Outline the area to be irrigated on your attached map.

Stockwater
List number and kind of stock: N/A
Is the proposed project for a dairy farm?   YES NO
Other Proposed Farm Uses Parm intended across all
Other Proposed Farm Uses Describe all proposed uses: Blueberry farm intended across all irrigable portions of property (up to 39.10 acres).
irrigable portions of property (up to 59.10 acres).
Family Farm Water Act (RCW 90.66):
Calculate the acreage in which you have a controlling interest, including only:
Acreage irrigated under water rights acquired after December 8, 1977,  Acreage represent to be irrigated and activities and activities and activities and activities and activities and activities activities and activities activities and activities activities activities and activities activi
<ul> <li>Acreage proposed to be irrigated under this application, and</li> <li>Acreage proposed to be irrigated under other pending application(s).</li> </ul>
Is the combined acreage under existing rights greater than 6000 acres?   YES NO
Do you have a controlling interest in a Family Farm Development Permit?   YES M NO
If yes, enter Permit No:
Section 8. OTHER WATER USES N/A
Hydropower
Indicate total feet of head and proposed capacity in kilowatts:
Describe works:
Indicate all uses to which power is to be applied:
FERC License No:
Mining/Industrial Use
Mining/Industrial Use Describe use, method of supplying and utilizing water:
Other Use
Section 9. WATER STORAGE
Will you be using a dam dike or other structure to retain or store water? Tyes Thio* Only if water quality requi
Will you be using a dam, dike, or other structure to retain or store water? YES NO* Only if water quality required are you proposing to store more than 10 acre-feet of water? YES NO Settling pond etc.
Will the water depth be 10 feet or more? YES NO
If you answered yes to any of the above questions, please describe:
2. Journal of the court questions, precise desertor.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Provide detailed driving directions	to the project sit	te:				
Site Address: 8797 Tra	ipline R	d., Everson	WA	98247		
Section 11. REQUIRED	SIGNATUI	RES				
Inan Vincente Print Name (Applicant or authorized representa  Tames De Vvies Print Name (Legal Owner or Part Owner Place  Print Name (Legal Owner or Part Owner Place	ative)  of Use)  Si	gnature gnature	J. Ove	Date   10 - 23 - Date   Date		
Print Name (Legal Owner or Part Owner Place		gnature	,	Date		
	PI	ease check the region in	which the	project is located:		
*Submit your application to:  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611	15 W Yakima Avenue, Suite 200 460 Yakima, WA 98902 Sp			Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-129 (509) 329-3400		
OLYMPIA, WA 98504-7611	3190 – 16	t Regional Office 0 <sup>th</sup> Avenue SE WA 98008-5452	PO Bo	Southwest Regional Offic PO Box 47775 Olympia, WA 98504-777 (360) 407-6300		

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

